

SATELLITE CONFERENCE EVALUATION FORM

Voices from the Leading Edge
Thursday, July 14, 2005; 1:00-2:30 p.m. (Central Time)

Evaluation and CHES Credit Form

1. Please rate this satellite broadcast for the following by putting "X" in the appropriate box:

	Excellent	Good	Fair	Poor
Effectiveness of the teaching strategies				
Relevance of the content in relation to my needs				
The learning environment				
The amount of time provided for the content				

2. Please rate the presenter by putting "X" in the appropriate box:

		Excellent	Good	Fair	Poor
Name: George s C. Benjamin, MD	Presenter's level of expertise				
	Contribution of visuals and handouts				
	Organization and clarity of delivery				
Name: Richard A. Raymond, MD	Presenter's level of expertise				
	Contribution of visuals and handouts				
	Organization and clarity of delivery				
Name: Karen Zeleznak, MS, MPH	Presenter's level of expertise				
	Contribution of visuals and handouts				
	Organization and clarity of delivery				

3. Other Comments: _____

Name and Degrees: _____ CHES#: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Signature: _____ Date: _____

By signing above I attest that I have viewed at least 85% of this program.

**If you would like to apply for CHES, please return this form by
FRIDAY, AUGUST 5, 2005**

☐ Check included ☐ Check will follow ☐ Please invoice ☐ No CHES requested

Mail this completed form along with your check of \$20.00 to:

Alabama Department of Public Health
Video Communications Division
PO Box 303017, Suite 940
Montgomery, AL 36130-3017; Fax: (334) 206-5640.

Checks payable to: ALABAMA DEPARTMENT OF PUBLIC HEALTH (IRS Tax ID no. 63-11066545).

A certificate will NOT be provided until we receive a check with your evaluation form